



# City of Inverness Volunteer Program Application

## Personal Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Have you volunteered with us previously? ☐ YES ☐ NO

If yes, when did you previously volunteer here and what event(s) did you participate?

\_\_\_\_\_

Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Driver's License: \_\_\_\_\_ (include a photocopy of License).

**Agreement:** In signing this application the City of Inverness acknowledges your willingness to volunteer your service to assist the City. By signing this form, it is understood that you are not an employee or agent of the City and the City may terminate this volunteer agreement at any time. All City volunteers must be registered with the Department of Human Resources and successfully complete any necessary background and/or reference checks.

I certify that all the statements in this application are true and if approved as a volunteer I will abide by all City regulations.

☐ I am the parent or legal guardian of the volunteer referenced above (Check if applicable)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:** Please include what interests or qualifications you have as a volunteer that could be as asset to the City. (Prior volunteer opportunities for this position, relevant skills, experience and/or education)

\_\_\_\_\_  
\_\_\_\_\_

## References: (non-family)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_